

**COLLIN COUNTY
PERSONNEL ACTION FORM**

NAME: PERDUE KAREN ANN			DATE: 4-10-89
LAST	FIRST	MIDDLE	DEPARTMENT: MICROFILM
SOCIAL SEC. NO.: 481-70-9954			

EMPLOYMENT	Employment Date: 10-24-88	Job Title: Microfilm Clerk I (Temp.Full-Time)		SALARY: \$5.50 p/h
	Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave:	Insurance: (Medical) Self Dependents

Salary and/or title change	Current Job Title	Current Salary	Range	Step
	New Job Title	New Salary	Range	Step
Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit				

TRANSFER	FROM:	TO:	SICK LEAVE	Dates of Sick Leave:
	FROM:	TO:		Previous Days Sick Leave Taken This Year:
LEAVE OF ABSENCE Give Reason	DATE:	<input type="checkbox"/> Ins. Notified		Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No
RETURN				

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
SEPARATION	Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid

- | | | |
|-----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Voluntary Retirement | <input type="checkbox"/> Return To School | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Mandatory Retirement. Co. Policy | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Reporting Under Influence of Alcohol |
| <input type="checkbox"/> Death | <input type="checkbox"/> Resignation For Other Reasons | <input type="checkbox"/> Drinking On Duty |
| <input type="checkbox"/> Illness or Injury | <input type="checkbox"/> Reduction In Force | <input type="checkbox"/> Destruction or Removal Of Co. Property |
| <input type="checkbox"/> Leaving Area | <input type="checkbox"/> Habitually Absent or Tardy | <input type="checkbox"/> Falsification of County Records |
| <input type="checkbox"/> Accept Other Job | <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Leaving Work Without Permission | <input type="checkbox"/> Other (Explain in comments) |

How Many Days Advance Notice Given?

COMMENTS: **Extend period of employment through September 30, 1989.**

Dated this 17th day of April, 19 89

Wm J Roberts
COUNTY JUDGE

EFFECTIVE DATE: **5-1-89**

DATE	EMPLOYEE (IF APPLICABLE)
DATE	DEPARTMENT HEAD
DATE	PERSONNEL DIRECTOR